

2010 - CITY OF BEDFORD, VA. - 2010

RETURN OF MACHINERY AND TOOLS

Report on this return the Machinery and Tools owned in Bedford by the taxpayer on January 1, 2010 and file the return on or before May 1, 2010 with: Commissioner of the Revenue, City of Bedford, 215 East Main St., Bedford, VA 24523. Phone: (540) 587-6051

NAME _____
 MAILING ADDRESS _____
 TRADE NAME _____
 ADDRESS OF BUSINESS _____
 Contact Person _____
 Employer _____
 I.D. No. _____

Nature of Business _____

Machinery and tools used in a manufacturing, processing or reprocessing, mining, radio or television broadcasting business, give original cost (which is to be invoice price, plus freight and installation cost) in this schedule.

| | | |
|---|--|--------------------------|
| (1) The original "COST" (including installation) of all machinery and tools and pollution control equipment owned on January 1, 2009 (Before Depreciation). | | Do Not Use This Space |
| (2) Less the original "COST" of any No. (1) that was disposed of during 2009. | | |
| (3) Plus the original "COST" (including installation) of all machinery and tools, and pollution control equipment, purchased or transferred during 2009 including items claimed on your Federal Tax Return. | | |
| (4) Total of original "COST" of all machinery and tools owned on January 1, 2010. | | |
| (5) Less the original cost of tax exempt pollution control equipment. | | |
| (6) Total original cost of all taxable machinery and tools owned on January 1, 2010. Please provide itemized listing of equipment included in line (6). | | (6a) (Assessment 60%) |

AUTOMOTIVE VEHICLES

| (7) Automobiles IDENTIFICATION NO. | MAKE, SIZE & STYLE | YEAR MODEL | STYLE MODEL (OR SERIES) | NO. CYL. | IF 2010 MODEL, GIVE COST (INCLUDING TRADE-IN) | Office Use Only TAX VALUE |
|---|--------------------|---------------|---|-------------|--|------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| (8) Total automobiles | | | | | | |
| (9) Trucks, Tractors & Trailers IDENTIFICATION NO. | MAKE, SIZE & STYLE | YEAR MODEL | COST (INCLUDING TRADE-IN) TO PRESENT OWNER | | Office Use Only TAX VALUE | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Do you lease any equipment from others? ☐ Yes ☐ No

If **yes** list and attach the company name, address, the type of equipment, identification numbers, year, make, models and costs.

I hereby declare that the foregoing statement and figures are true, full and correct to the best of my knowledge and belief.

Signed _____ Date _____

Telephone _____ E-Mail _____